

Montana Board of Medical Examiners

P.O. Box 200513 (301 S. Park, 4th Floor - Delivery) Helena, Montana 59620-0513

(406) 841-2300 or (406) 841-2364 FAX (406) 841-2305

EMAIL: dlibsmed@mt.gov WEBSITE: www.medicalboard.mt.gov

PHYSICIAN APPLICATION FOR LICENSURE

Please review the Instructions section carefully before you begin filling out any part of this application or its supporting forms. All forms are interactive and can be filled out on your computer prior to you printing and submitting these forms to the Board office or other entity.

TABLE OF CONTENTS:

Page 2	Instructions
Page 4	Application Form
Page 9	Practice History and Specialty Information
Page 11	Form #1: Authorization to Release Information and Release from Liability
Page 12	Form #2: Verification of Licensure
Page 13	Form #3: Certification of Medical Education
Page 16	Form #4: Postgraduate Training Verification
Page 18	Form #5: Fifth Pathway Verification
Page 19	Form #6: ECFMG Verification

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ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application).

**Physicians are not permitted to practice medicine in Montana in any manner
without an active Montana license.**

LICENSING REQUIREMENTS:

- ♦ Must be a graduate of a medical school approved by the American Osteopathic Association (AOA) or the Council for Medical Education of the American Medical Association (AMA).
- ♦ U.S. graduates must have successfully completed an approved program in the United States or Canada (For Montana Family Residency Program, see Board Statute 37-3-305(4), MCA).
- ♦ Foreign graduates must complete at least 3 years post-graduate training in an approved program in the United States or Canada or been granted board certification by a specialty board which is approved by AMA or AOA.
- ♦ Foreign graduates must provide a certificate from the Educational Council for Foreign Medical Graduates (ECFMG, www.ecfm.org) and from the Fifth Pathway Program, if applicable.
- ♦ Must have passed a licensing exam, approved by the Board, with a score of at least 75% on all portions of the examination. Please refer to the Board statutes and rules (ARM 24.156.606) for specific information regarding examination information and limits on attempts.
- ♦ Must be of good moral character.

FEES: **\$325.00** - Application Fee Make payable to Montana Board of Medical Examiners

APPLICATION PROCESSING PROCEDURES:

- ♦ When the application file is complete, it will be processed and considered by Board staff for licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview. Once a routine application is complete, the application may take up to 30 days to process.
- ♦ You will be notified by mail when the application has been successfully processed and you have been licensed to practice medicine in Montana.
- ♦ Applicant will be notified in writing of any deficient or missing items from the application file.
- ♦ If the application is considered a non-routine application, there will be a delay in processing of the application. You may be requested to provide additional information or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. You will be notified in writing if you are required to appear before the Board. Non-routine applications may take up to 120 days to process. We will make best effort to process non-routine applications as quickly as possible.
- ♦ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF MEDICINE
ON OUR WEBSITE: www.medicalboard.mt.gov

DOCUMENTS TO SUBMIT FOR AN APPLICATION TO BE COMPLETE:

The Board accepts documents from FCVS (Federation Credentials Verification Service).

All Applicants

Certification of Medical Education

Postgraduate Training Verification

DD214, Military Discharge Paper (if applicable)

National Practitioner Data Bank (NPDB) Report - NO SELF-QUERY REQUIRED! SEE EXPLANATION BELOW.

Current Verification from all State Licensing Boards

Examination Scores

Practice History and Specialty Information Form

Foreign Graduates Must Also Supply

E.C.F.M.G. Certificate www.ecfmq.org

Fifth Pathway Verification, if applicable

Certificate of Medical Education. Complete the top portion of form and send to each medical school. The bottom portion of the form must be completed by school officials and sent directly back to the Board office. Submission of this certificate is not required if your U.S. accredited medical graduation was more than 10 years ago and you have had an active, full, and unrestricted license without discipline in another state since then.

Postgraduate Training Verification. Complete Section 1 of form and send it to each postgraduate training program. The Program Director or designated official will complete Section 2 and return the form directly to the Board office. Submission of this verification is not required if you graduated from a U.S. accredited medical school, your post graduate training was more than 10 years ago, and you have an active, full, and unrestricted license without discipline in another state since then.

National Practitioner Data Bank (NPDB) Report (NEW!). The NPDB is a national database of Board actions and other information about health care licensees across the United States. The Board requires this report for all applicants for physician licensure and will obtain it at the Board's expense during the application review process. The information contained in the NPDB report may require an applicant to submit further information to the Board before a licensing decision can be made.

Verification of Licensure. Complete the top portion of this form and forward it to all states or provinces in which you hold or have ever held any health care license or certification. The verifying entity will forward all documents directly to the Board office. Many states participate in VeriDoc, an online medical license verification service at www.veridoc.org.

Exam Scores: Forms can be obtained from the National Board of Medical Examiners at www.nbme.org, the Federation of State Medical Boards at www.fsmb.org for USMLE or FLEX scores, or National Board of Osteopathic Medical Examiners at (773)-714-0622 or www.nbome.org. Please use the appropriate form to request exam scores and send directly to the Board office. For all other exams, contact the testing entity for your scores.

Foreign graduates must also submit one of the following:

Request for Status Report of ECFMG Certification. Submit the form to ECFMG with the required fee. The results will be mailed directly to the Board office.

Fifth Pathway Verification. Complete Section 1 and send the form to the Program Director of your Fifth Pathway Program. The Director or designated official will complete the form and mail it directly to the Board office.

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS

For information with regard to the processing of this application or other concerns, please contact the Board of Medical Examiners staff at (406) 841-2300, or by emailing us at dlibsmed@mt.gov